

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
*(FOR USE WITH FORM PTO-875)*

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101		1				
102		1				
103	1					
104		1				
105		1				
106		1				
107		1				
108		1				
109	1					
110		1				
111		1				
112		1				
113	1					
114		1				
115		1				
116		1				
117		1				
118		1				
119		1				
120	1					
121		1				
122		1				
123	1					
124	1					
125		1				
126		1				
127		1				
128	1					
129		1				
130		1				
131	1					
132		1				
133		1				
134		1				
135		1				
136		1				
137		1				
138		1				
139		1				
140	1					
141	1					
142	1					
143	1					
144	1					
145	1					
146						
147						
148						
149						
150						
TOTAL IND.	12		↓		↓	
TOTAL DEP.	33	←	←	←	←	←
TOTAL CLAIMS	45					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			↓		↓	
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.	FILING DATE
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APPLICANT(S)
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CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6	1					
7		1				
8		1				
9		1				
10		1				
11	1					
12		1				
13		1				
14		1				
15		1				
16	1					
17		1				
18		1				
19		1				
20		1				
21		1				
22	i					
23		1				
24		1				
25		1				
26		1				
27		1				
28	1					
29		1				
30		1				
31		1				
32		1				
33	1					
34		1				
35		1				
36		1				
37		1				
38	1					
39		1				
40		1				
41		1				
42		1				
43	1					
44		1				
45		1				
46	i					
47		1				
48		1				
49	1					
50		1				
TOTAL IND.	36		↓		↓	↓
TOTAL DEP.	109	←	←	←	←	←
TOTAL CLAIMS	145					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53	1					
54		1				
55		1				
56		1				
57	1					
58		1				
59		1				
60		1				
61	1					
62		1				
63		1				
64		1				
65	1					
66		1				
67		1				
68		1				
69	1					
70		1				
71		1				
72	1					
73	1					
74		1				
75		1				
76		1				
77	1					
78		1				
79		1				
80		1				
81	1					
82		1				
83		1				
84	1					
85	1					
86	1					
87		1				
88		1				
89		1				
90	1	1				
91	1					
92		1				
93		1				
94		1				
95		1				
96		1				
97	1					
98		1				
99		1				
100		1				
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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